

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

October 4, 2023

[REDACTED], ADMINISTRATOR
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
931 ROUTE 910
CHESWICK, PA, 15024

RE: CONCORDIA OF FOX CHAPEL
931 ROUTE 910
CHESWICK, PA, 15024
LICENSE/COC#: 44247

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/11/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *CONCORDIA OF FOX CHAPEL* License #: *44247* License Expiration: *07/14/2024*
 Address: *931 ROUTE 910, CHESWICK, PA 15024*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH*
 Address: *931 ROUTE 910, CHESWICK, PA, 15024*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *100* Waking Staff: *75*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *09/11/2023*

Inspection Dates and Department Representative

09/11/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *61* Residents Served: *50*

Secured Dementia Care Unit
 In Home: *Yes* Area: *entire home* Capacity: *61* Residents Served: *50*

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *50*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *50* Have Physical Disability: *0*

Inspections / Reviews

09/11/2023 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/01/2023*

09/28/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/03/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/05/2023*

Inspections / Reviews *(continued)*

10/02/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/03/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/09/2023

10/04/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/03/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated [redacted] does not include a determination that the needs of the resident can be met by the services provided by the home. The form also does not indicate if the resident can safely use and avoid poisonous material. These sections are blank.

Plan of Correction

Accept [redacted] - 10/02/2023)

The resident care coordinator has only been in [redacted] position for a few months. [redacted] was retrained by the administrator and staff development coordinator on 9/12/23. These errors were immediately corrected by hand and it was noted that DHS had found them on a complaint visit. The administrator and Unit Manager will complete a full audit of all current residents preadmission screenings to ensure accuracy and completion and will be completed by 10/5/23. Effective immediately the RCC will give any new preadmission screenings to the administrator or staff development coordinator, two people will review it and then sign off on the spreadsheet we had created and attached verifying the audit was done.

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented [redacted] - 10/04/2023)

225a - Assessment 15 Days

2. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's assessment, completed [redacted] does not include the name of the resident's medical provider and does not include that the resident is receiving services from a hospice agency.

Plan of Correction

Accept [redacted] - 10/02/2023)

The resident care coordinator has only been in her position for a few months. The administrator and staff development coordinator retrained her on 9/12/23 to ensure that the medical provider and or hospice agency is listed. Hospice was listed in the summary and determination but she now understands the importance of having this information on the first page so that it is easily referenced. This error was immediately corrected and it was noted that DHS had found it on a complaint visit. In addition, a complete audit of all current resident charts will be completed by the administrator and staff development coordinator by 10/5/23 to review that the assessments have the required information listed on the front/first page. And in the future we will use the spreadsheet attached for chart audits for all admissions and will do the audit before the 72 hour completion window, administrator and staff development coordinator will carry this responsibility.

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented [redacted] - 10/04/2023)

231c - Preadmission Screening

3. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department’s preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's preadmission screening was completed on [REDACTED] and did not include a cognitive screening. This section was blank.

Plan of Correction

Accept [REDACTED] - 10/02/2023)

The resident care coordinator had only been in [REDACTED] position for a few months. The administrator and staff development coordinator retrained her on 9/12/23. In addition we created a spreadsheet for auditing purposes that includes a crosscheck system of all prescreens. Moving forward the RCC will give the preadmission screenings to the administrator or the staff development coordinator who will then inspect it for accuracy and then check it off of the spreadsheet. A full audit of all current residents will be completed by 10/5/23 by the administrator and staff development coordinator to ensure accuracy of dates on the prescreens to identify any trends for future learning purposes.

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented [REDACTED] - 10/04/2023)